



**TB CARE I**

## **TB CARE I – South Sudan**

**Year 4**

**Quarterly Report**

**October – December 2013**

**January 30, 2014**

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## 1. Quarterly Overview

Country	South Sudan
Lead Partner	MSH
Coalition Partners	WHO, KNCV
Other partners	NTP
Workplan timeframe	1 <sup>st</sup> Oct 2013 – 31 <sup>st</sup> Dec 2014
Reporting period	Oct – Dec 2013

### Most significant achievements:

1. **Laboratory Renovation:** Renovation of seven laboratories was carried out and completed during the quarter. However, verification of the works was interrupted by the violence which broke out in Juba in mid- December 2013. Due to travel ban outside Juba, TB CARE I is planning to engage partners supporting health services in these facilities by taking photos of the renovated laboratory and share with MSH to support the remote verification of the work performed.
2. **Support meetings for community based mobilizers:** In this area only one activity was carried out in Juba city. The community mobilizers meeting was held and concluded on the 7<sup>th</sup> Dec 2013 with 26 (F:16; M:10) participants drawn around Munuki TBMs in Juba city. The aim was to address the issue of loss to follow up of TB patients and ensuring all TB patients are attached to treatment supporters. During the meeting the TB consent, defaulter and contact tracing forms were reviewed by the participants.
3. **Advocacy for TB integration:** NTP deputy managers and the TB CARE I project director presented an overview of the TB services in South Sudan to the NGO health forum. This was meant to sensitize the CBOs/CSOs on TB. During the meeting, 3 NGOs were willing to start TB services in the areas of their operations. This was to be followed up in the coming quarter.
4. **Technical Working Group Meetings:** TB CARE I participated in the MDR-TB technical working group meetings called by NTP. Assessment was carried out in Juba Teaching Hospital to inform the TWG on the needs and support to start MDR-TB management in JTH. An area where the wards can be constructed was identified and partners were to look for funds led by WHO.
5. **STTA:** Dr. Navindra Persaud, with the support of TB CARE I Core funds, provided an STTA to improve the capacity for and availability of high quality data for supporting TB program review, planning and management for South Sudan. The report of the epidemiological analysis produced through this STTA will be used to guide the upcoming program review and development of the new strategic plan for TB in South Sudan. Main recommendation from the STTA is to ensure a more systematic and sustainable approach to M&E for TB in South Sudan including the developing of necessary standardized M&E guidelines for all levels in the system.

### Technical and administrative challenges:

Since the middle of December 2013 South Sudan has been gripped by violence which has escalated into fighting across significant portions of the country. This has significantly affected movement of staff and hence implementation of TB services. Some of the activities that had been planned for December 2013 were not carried out as planned including sensitization meetings, community group meetings, verification of laboratory renovations and distribution of items to community mobilizers.

TB CARE I Country Lead in South Sudan, was recently evacuated from Juba to Nairobi under the December 17, 2013 US Department of State Travel Warning. He has been accommodated in MSH, Nairobi office where he will provide remote support to the local team in Juba South Sudan.

## 2. Year 4 technical outcomes and activity progress

### 2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date <sup>1</sup>	Comments
1.2.8	CB-DOTS program is implemented		2	2	Measured annually	The indicator will be measured by end of September 2014
1.2.10	Health facilities offering CB-DOTS services		54	60	Not yet measured	The indicator will be measured by end of September 2014
1.2.11	<i>Number and Percentage of health facilities with integrated TB services</i> Numerator: Number of health facilities with integrated TB services. Denominator: Total number of health care facilities		6%(82/1147)	8.5% (97/1147)	Not yet measured	The indicator will be measured by end of September 2014
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status <sup>2</sup>
				Start	End	
1.2.1	MSH	Integration of TB services into health facilities	Six (target 15) health facilities were assessed for integration of TB services	Oct 13	Jun 14	Ongoing
1.2.2	MSH	Implementation of SOPs in state and county hospitals	The STTA to support this activity has been delayed due to the on-going insecurity	Oct 13	Jun 14	Postponed
1.2.3	MSH	Mentorship and support visits to selected TB diagnostic and treatment centers	Support visit was conducted in 4 health facilities (Yei, Lainya, Morobo, Kaya, and Torit)	Oct 13	Aug 14	Ongoing
1.2.4	MSH	Sensitization meetings for the community leaders on TB	Interrupted by insecurity in South Sudan	Oct 13	Mar 14	Pending
1.2.5	MSH	Sensitization of CSOs/CBOs on TB	NTP deputy manager and TB CARE I project director presented to the NGO	Oct 13	Sep 14	Ongoing

<sup>1</sup> If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

<sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			health forum to sensitize CSOs/SCBs on TB.			
1.2.6	MSH	Support meetings for community-based mobilizers	26 (F:16; M:10) participants from Munuki payam, Juba County attended to address high loss to follow up in Munuki TBMU	Oct 13	Sep 14	Ongoing
1.2.7	WHO, MSH	World TB Day 2014	Planned for 2nd quarter if security situation allows	Feb 14	Mar 14	Pending
1.2.8	WHO	Training of clinicians and nurses on TB case management	Planned for 2nd quarter if security situation allows	Jan 14	Apr 14	Pending
1.2.9	WHO	Re-fresher training of clinicians and nurses on TB case management	Planned for 2nd quarter if security situation allows	Jan 14	Jun 14	Pending



Figure 1: Gurei PHCC in Juba City earmarked for Integration of TB services



Figure 2: The patients waiting for services in Gurei PHCC



Figure 3: Community mobilizers in Juba City during the monthly meeting



Figure 4: Discussion during the community mobilizers monthly meeting

## 2.2 Laboratories

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
2.1.1	A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP		0	1	Not yet measured		Will be available by September 2014
2.1.2	Laboratories with working internal and external QA programs for smear microscopy and culture/DST		15	30	Not yet measured		Difficult to collect the data. Will be measured next reporting period
2.1.3	Laboratories demonstrating acceptable EQA performance		6	27	Not yet measured		Difficult to collect the data. Will be measured next reporting period
2.2.1	Confirmed link with an SRL through a memorandum of agreement		Yes	Yes	Yes		The MOU is available but has not been shared with TBCARE I
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
2.1.1	MSH	Refurbishment of laboratories	7 laboratories were renovated and completed during the quarter. However, the works have not been verified due to insecurity. The partners supporting health services have been requested to take photos and share with TB CARE I to help with the remote verification of the works done.	Oct 13	Mar 14	Completed	
2.1.2	MSH	Mentorship and support visits to peripheral laboratories.	12 laboratories were supported and 23 laboratory staff mentored on Sputum smear microscopy and EQA.	Oct 13	Jul 14	Ongoing	
2.1.3	MSH	EQA supervisory visits	Slides were sampled for blinded re-checking in 9 laboratories with TB diagnosis	Oct 13	Jul 14	Ongoing	
2.1.4	MSH	Revise, print and disseminate EQA guidelines and laboratory SOPs	The activity was planned for January 2014 but has been postponed due to on-going insecurity	Nov 13	Feb 14	Postponed	



2.1.5	MSH	Training of laboratory supervisors on EQA	The activity will follow the revision of the EQA guidelines	Nov 13	Dec 13	Postponed
2.1.6	MSH	Training of laboratory technicians/ technologists on sputum smear microscopy	13 laboratory staffs have been trained on Sputum Smear Microscopy from 11 general laboratories that have been identified for integration of TB diagnostic services.	Jan 14	Mar 14	Completed
2.1.7	MSH	Re-fresher training of laboratory technicians/ technologists on sputum smear microscopy	17 laboratory staff have received re-fresher training on Sputum Smear Microscopy. The participants were selected from 10 TB diagnostic centers and also from 8 laboratories that have been earmarked for re-establishment of TB diagnostic services	Jan 14	Jun 14	Completed





Figure 5: A participants going through the process of staining sputum smear



Figure 6: A participant carrying out Microscopy of sputum smears



Figure 7: Nyakuron PHCC laboratory before renovation



Figure 8: Nyakuron PHCC laboratory after renovation

## 2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.2.2	Facilities implementing TB IC measures with TB CAREI support		n/a	15	Not yet measured		The indicator will be measured by 30 September 2014
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	KNCV/MSH	Development, printing and dissemination of TB IC IEC materials	Not done. Planning for remote support in the development of the TB IC IEC material		Nov 13	Feb 14	Postponed
3.2.2	KNCV/MSH	Support development of state level hospital TB IC plans and TB health facilities	Not done. Interrupted by on-going insecurity		Nov 13	Aug 14	Postponed
3.2.3	KNCV	Develop TB IC training materials	Not done. Planning for remote support in the development on training materials		Oct 13	Feb 14	Postponed
3.2.4	KNCV	Conduct TB infection control monitoring mission	Note done		Aug 14	Sep 14	Pending

## 2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
4.1.5	Previously treated TB patients with drug susceptible test (DST) results Numerator: Number of previously treated TB patients with DST result. Denominator: Total number of previously treated TB patients		5 (2012)	10	Not yet measured		The referral of sputum samples for Culture and DST and receiving the results has been interrupted due to insecurity
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
4.1.1	WHO	Surveillance for MDR TB	17 samples were sent for culture and DST to Nairobi, Kenya. The samples are not sent at once, and results are usually received after a minimum period of three months.		Oct 13	Sep 14	Ongoing

## 2.5 TB/HIV

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register		80%	80%	Not yet measured		The NTP data is not complete due to insecurity
5.3.2	HIV-positive TB patients started or continued on CPT		90%	95%	Not yet measured		The NTP data is not complete due to insecurity
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
5.2.1	MSH	Quarterly TB/HIV review meetings at state level	72 clinicians and lab personnel from 26 health facilities participated in quarterly TB/HIV review meetings conducted in 4 States (CES, EES, WBG)		Jan 14	Feb 14	Ongoing



Figure 9: Review of health facility data on TB during the quarterly review meeting



Figure 10: Blinded re-checking of sputum smear slides during the quarterly review meeting

## 2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
6.2.1	TB CARE-supported supervisory visits conducted		90	50	17		
6.2.2	People trained using TB CARE funds		300	115	33 (F:6; M:27)		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
6.2.1	MSH	Revision of National Strategic Plan	Supported the development of epidemiological analysis which is to inform the program review planned for February 2014. This may delay following the insecurity. Suggesting to conduct a remote revision probably in Nairobi		Jan 2014	Feb 2014	Pending
6.2.2	MSH	Development of GF proposal	In the process of identifying a consultant to lead in the process		Jan 2014	June 2014	Pending

## 2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.2.1	Data quality measured by NTP		Yes	Yes	No		The NTP did not have the M&E focal person to conduct Data quality
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes		Through quarterly TB review meetings with support of TB CARE I
7.2.3	<i>TB recording &amp; reporting tools updated according to new WHO guidelines</i> Numerator: Number of health facilities with TB services using new WHO guidelines. Denominator: Total number of health facilities with TB services		n/a	100%	Not yet measured		The new guidelines have not been introduced in South Sudan
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end		Planned Month		Status
					Start	End	
7.2.1	WHO	Support revision of TB R&R tools	Not yet done		Mar 14	Apr 14	Pending
7.2.2	WHO	Training of TB officer from TBMU on new R&R tools	Not yet done		Jun 14	Jul 14	Pending

### 3. TB CARE I's support to Global Fund implementation in Year 4

#### Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 5 TB	A1	A1	23,151,237	22,836,756
Round 7 TB	B1	B1	14,042,815	13,514,722
TFM	n/a	n/a		

\* Since January 2010

#### In-country Global Fund status - key updates, challenges and bottlenecks

Global Fund Round 7 ended on 31<sup>st</sup> December 2013. The GF TFM grant was expected to begin on 1<sup>st</sup> January 2014. South Sudan has been gripped by violence which has escalated into fighting across significant portions of the country. This has resulted in population being displaced and thousands seeking shelter in UN bases. This will have impact on the implementation of the TFM grants. The country with support of TB CARE I will support the writing of concept note for the New Funding Mechanism (NFM). This will precede the program review and the revision of the Strategic plan for TB in South Sudan. However, the process may be interrupted if the on-going violence continues.

#### TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

Global Fund Round 7 that has been supporting TB services in South Sudan (GF Round 7) ended in December 2013. The TFM grant that was developed with the support of TB CARE I is scheduled to start in January 2014. Since the GF TFM is limited, TB CARE I will support the development of GF New Funding Mechanism (NFM) concept note by providing high level technical assistance. A consultant will be identified to support the process. The Country Director as part of in-country team will also support the development of the concept note.

TB CARE I has continued to provide technical support to NTP to implement GF in close collaboration with the Principal Recipient (PR). This ensures that duplication of activities is avoided. TB CARE I has worked as a catalyst by providing technical support to the NTP MOH to enable the NTP effectively use GF resources and implement the program efficiently. As part of capacity building, TB CARE I has been involved in the training of health care workers from health facilities supported by GF. This will continue during the implementation of TFM.

#### 4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	3	0	Out of 218 samples sent to Nairobi for Culture and DST, 15 have been confirmed MDR TB
Total 2011	4	0	
Total 2012	5	0	
Jan-Mar 2013	1	0	
Apr-Jun 2013	2	0	
Jul-Sep 2013	0	0	
Oct-Dec 2013	0	0	
Total 2013	3	0	



## 5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	3.2.2	Jerod Scholten	To conduct a 5 day workshop in Juba (with peripheral IC focal points from various health facilities)	TBD	Postponed		
2	KNCV	3.2.4	Jerod Scholten	To conduct monitoring at major hospitals and other health facilities	TBD	Postponed		
3	MSH	1.2.2	Abel Nkolo	SOP implementation	TBD	Postponed		
4	MSH	1.2.2	Samuel Kinyanjui	SOP implementation	TBD	Postponed		
5	MSH	2.1.4	Charles Kagoma	EQA guidelines	TBD	Pending		
6	MSH	6.2.1	Remi Verduin	Review NTP strategic plan	TBD	Pending		
7	MSH	6.2.2	Remi Verduin	Global Fund proposal development	TBD	Pending		
8	MSH		Navindra Persuad	Improve the capacity for and availability of high quality data for supporting TB program review, planning and management (epidemiological analysis of TB data)	Dec, 2013	Completed	17 <sup>th</sup> Dec 2014	Not in the approved APA 4 work plan (supported through core funds)
Total number of visits conducted (cumulative for fiscal year)						1		
Total number of visits planned in workplan						8		
Percent of planned international consultant visits conducted						12.5%		